State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00 ✓

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company		
92551	CRANCO II, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RHODE ISLAND	ACQUIRING, DEVELOPING, LEASING, DEALING AND INVESTING IN REAL ESTATE PROPERTY		
5. Principal office address	City	State	Zip
850 WELLINGTON AVENUE	CRANSTON	RI	02910

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
THEODORE H. LICHTENFELS			
Street Address	City	State	Zip
POJAC PONIT, #18	NORTH KINGSTOWN	RI	02852

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name		
THEODORE H. LICHTENFELS			
Street Address	Street Address		
POJAC POINT, #18			
City / State / Zip	City	State	Zip
NORTH KINGSTOWN / RI / 02852			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
JOSEPH F. WHINERY, JR., ESQ.	CAMERON & MITTLEMAN	
Address	City	Zip
56 EXCHANGE TERRACE	PROVIDENCE	02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 92551 [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person *Date* 10/24/08

[redacted] Theodore H. Lichtenfels

Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 28 2008
By:	480

By FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07